

QUITCLAIM DEED

Prepared by:
Kenneth E. Stockton
Attorney at Law
449 W. Commerce St.
Hernando, MS 38632
(662) 429-3469

Grantor's Address:
849 Maine Rd
Hernando, MS 38632
Home Ph. 662-429-3459
Work Ph. N/A

Grantee's Address:
793 Shadow View Dr.
Hernando, MS 38632
Home Ph. N/A
Work Ph. 662-429-2030

INDEXING INSTRUCTIONS: SW 1/4 OF SECTION 28, TOWNSHIP 2 SOUTH, RANGE 8 WEST, DE SOTO
COUNTY, MISSISSIPPI.

INELL RAYBORN MASSEY, et al

GRANTORS

TO

ROBERT RAYBORN, JR.

GRANTEE

For and in consideration of the sum of Ten Dollars (\$10.00), cash in hand paid, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, We, INELL RAYBORN MASSEY, BERNICE BULLARD, LEONA EDWARDS, CHARLES RAYBORN, ROBERT RAYBORN, Sr., ETHEL RAYBORN, THURMAN W. RAYBORN, III, CAROLYN RAYBORN, JACKIE RAYBORN, CASEY RAYBORN, BONNIE JEAN RAYBORN ACERSON and SABRINA RAYBORN MOSELY, do hereby quitclaim and release to ROBERT RAYBORN, JR., all of our right, title and interest in and to the property lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Commencing at the commonly accepted Southeast corner of the Southwest quarter of the Southwest quarter of Section 28, Township 2 South, Range 8 West, DeSoto County, Mississippi; thence North 0 degrees 21 minutes 45 seconds West, a distance of 553.00 feet to the POINT OF BEGINNING; thence South 89 degrees 38 minutes

15 seconds West, a distance of 440.71 feet; thence North 0 degrees 21 minutes 45 seconds West, a distance of 200.00 feet; thence North 89 degrees 38 minutes 15 seconds East, a distance of 440.71 feet; thence South 0 degrees 21 minutes 45 seconds East, a distance of 200.00 feet; to the POINT OF BEGINNING; said described tract containing 2.02 acres, more or less.

The property herein conveyed is subject to building restrictions, covenants and easements of record and to all applicable zoning ordinances.

That for chain of title purposes and explanation the following is set forth:

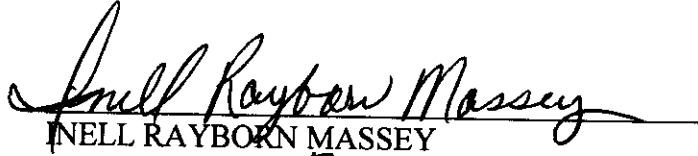
- That attached hereto as Exhibit's "A" & "B" are the Heirship Affidavit's of Janice E. Craigen and Donice Williams respectively and which Heirship Affidavit's are those executed in regard to the late Lucille C. Rayborn. That the late Lucille C. Rayborn, departed this life on or about January 10, 2009 as evidenced by her Certificate of Death a copy of which is attached hereto as Exhibit "C". That the aforesaid Lucille C. Rayborn was a daughter and an heir at law of the late Thurman Rayborn, Sr.
- That each of the undersigned Grantor's are either the heirs at law of the late Thurman Rayborn, Sr. whose estate was probated at Cause #06-10-1899 in the Office of the Chancery Court of DeSoto County, Mississippi or the late Thurman W. Rayborn, Jr. whose estate was probated at Cause #07-01-0169.
- That the Grantor's intention is to convey any and all interest that he or she may have respectively in the subject property including but not limited to that interest derived out of the intestate death of the late Lucille C. Rayborn.

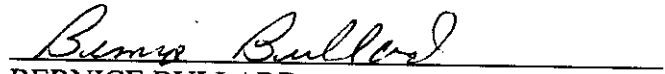
That each of the undersigned warrant that the property being conveyed herein is no part or parcel of any of his or her respective homestead. That additionally the undersigned Bonnie Jean

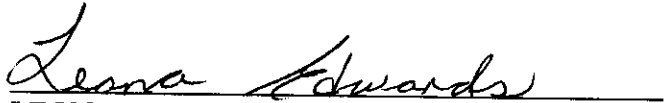
Acerson warrants that she is one and the same person as Bonnie Jean Aserson.


Possession is given on delivery of this deed.

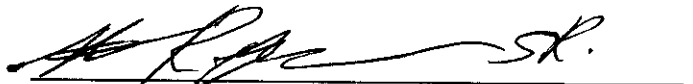
WITNESS OUR RESPECTIVE SIGNATURES on the dates as set forth below.

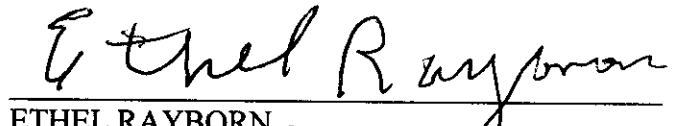

INELL RAYBORN MASSEY
Date: December 17, 2011

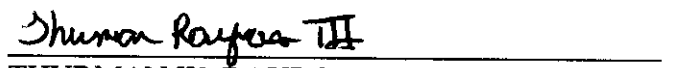

BERNICE BULLARD
Date: December 17, 2011


LEONA EDWARDS
Date: December 17, 2011


CHARLES RAYBORN
Date: December 17, 2011


ROBERT RAYBORN, SR.
Date: December 12-17, 2011

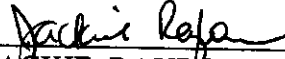

ETHEL RAYBORN
Date: December 17, 2011


THURMAN W. RAYBORN, III
Date: December 17, 2011



CAROLYN RAYBORN

Date: December 12, 2011



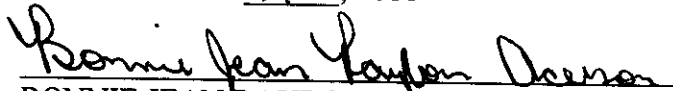
JACKIE RAYBORN

Date: December 17, 2011



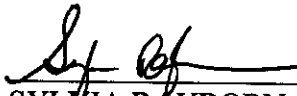
CASEY RAYBORN

Date: December 12, 2011



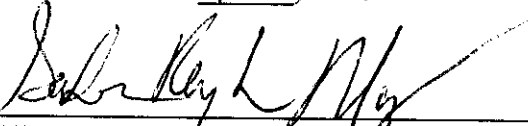
BONNIE JEAN RAYBORN ACERSON

Date: December 17, 2011



SYLVIA RAYBORN

Date: December 17, 2011



SABRINA RAYBORN MOSLEY

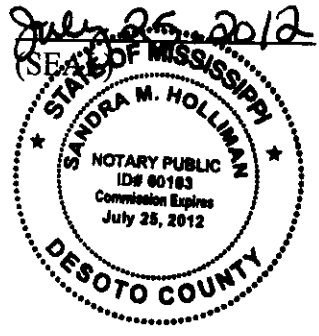
Date: December 17, 2011

STATE OF MISSISSIPPI
COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of ~~September~~ December, 2011, within my jurisdiction, the within named **INELL RAYBORN MASSEY** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:



STATE OF MISSISSIPPI
COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of December, 2011, within my jurisdiction, the within named **BERNICE BULLARD** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:

July 25, 2012
(SEAL)

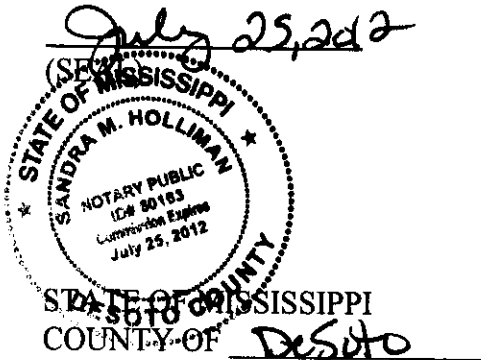


STATE OF MISSISSIPPI
COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 1th day of December, 2011, within my jurisdiction, the within named **ELONA EDWARDS** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

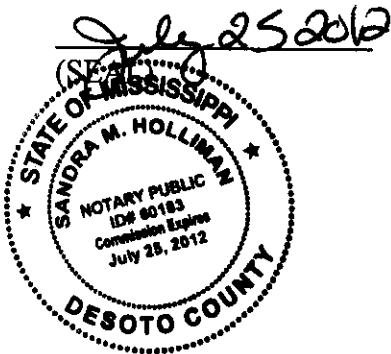
My Commission Expires:



Personally appeared before me, the undersigned authority in and for the said county and state on this the 1th day of December, 2011, within my jurisdiction, the within named **CHARLES RAYBORN** who acknowledged that he executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:

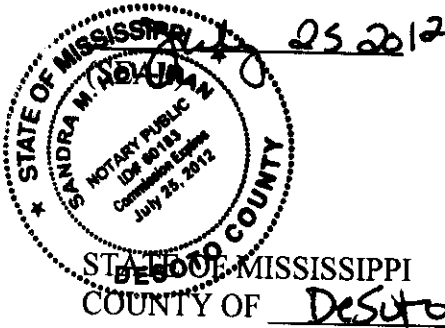


STATE OF MISSISSIPPI
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of December, 2011, within my jurisdiction, the within named **ROBERT RAYBORN, JR.** who acknowledged that he executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

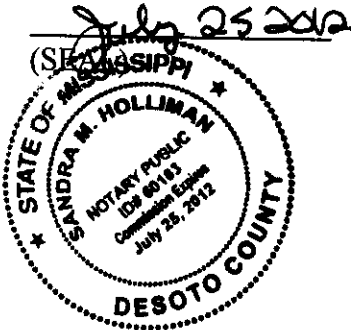
My Commission Expires:



Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of ~~September~~ ^{December}, 2011, within my jurisdiction, the within named **ETHEL RAYBORN** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:



STATE OF MISSISSIPPI
COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of September, 2011, within my jurisdiction, the within **named THURMAN W. RAYBORN, III** who acknowledged that he executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:

July 25, 2012



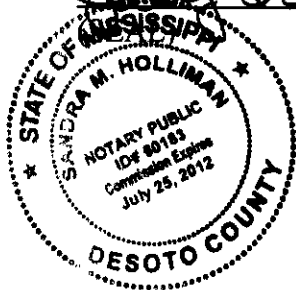
STATE OF MISSISSIPPI
COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of September, 2011, within my jurisdiction, the within **named CAROYLYN RAYBORN** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:

July 25, 2012

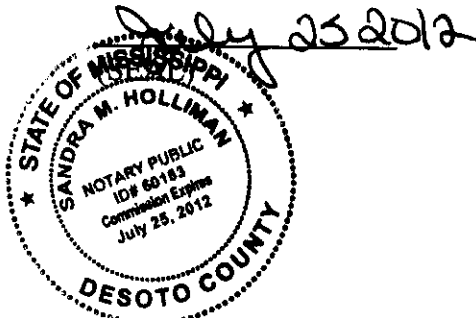


STATE OF MISSISSIPPI
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of ~~September~~ September, 2011, within my jurisdiction, the within named **JACKIE RAYBORN** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:



STATE OF MISSISSIPPI
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of ~~September~~ September, 2011, within my jurisdiction, the within named **CASEY RAYBORN** who acknowledged that he executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:

July 25 2012
(SEAL)

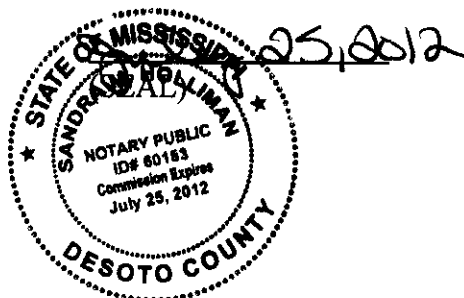


STATE OF MISSISSIPPI
COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of ~~September~~ December, 2011, within my jurisdiction, the within **named BONNIE JEAN RAYBORN ACERSON** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:



STATE OF MISSISSIPPI
COUNTY OF Desoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of ~~September~~ December, 2011, within my jurisdiction, the within **named SYLVIA RAYBORN** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

My Commission Expires:

July 25, 2012
(SEAL)



STATE OF MISSISSIPPI
COUNTY OF DeSoto

Personally appeared before me, the undersigned authority in and for the said county and state on this the 17th day of ~~September~~ December, 2011, within my jurisdiction, the within **named** **SABRINA RAYBORN MOSLEY** who acknowledged that she executed the above and foregoing instrument.

Sandra M Holliman
NOTARY PUBLIC

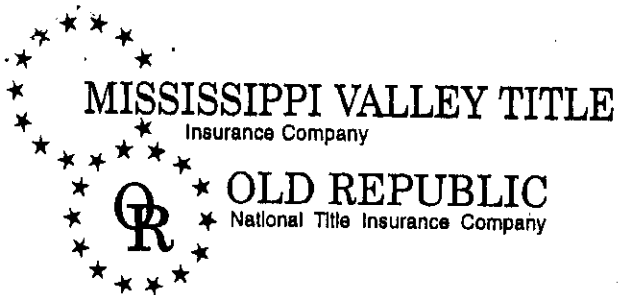
My Commission Expires:

July 25 2012
(SEAL)



NO TITLE WORK REQUESTED AND NO TITLE CERTIFICATE ISSUED BY PREPARER OF DEED.

0900152



HEIRSHIP AFFIDAVIT

(Heirship of Lucille C. Rayborn Deceased)STATE OF MississippiCOUNTY OF DeSoto

Janice E. Craigen, of lawful age,
being first duly sworn, upon ^{her} oath deposes and says:

That ^{she} ~~he~~ was personally well acquainted with the above decedent, during ^{her} ~~his~~ lifetime, having known ^{her} ~~him~~ for 46 years, and that affiant bears the following relationship to the said decedent, to wit: Friend

Affiant further states that the said decedent departed this life at Baptist, in DeSoto County, State of MS, on or about January 10, 10 2009, being 70 years old at the date of ^{her} ~~his~~ death.

Affiant further states that ^{she} ~~he~~ was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be ^{her} ~~his~~ heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: NoQUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: N/AQUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: NoQUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/AQUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: None

If not living, state date of death _____

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: None

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. <u>N/A</u>				
2. _____				
3. _____				
4. _____				

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1. <u>N/A</u>				
2. _____				
3. _____				
4. _____				

Exhibit A

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER:

NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1. N/A			
2.			
3.			
4.			

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: Yes _____. No _____. IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE BLANK LINES BELOW:

NAME	AGE	ADDRESS
1. N/A		
2.		
3.		
4.		
5.		

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts, and whether they have since been paid.

ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information called for), of his surviving father, mother, brothers and sisters: ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1. See attached Exhibit "A"			
2.			
3.			
4.			
5.			

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with the other information called for: ANSWER:

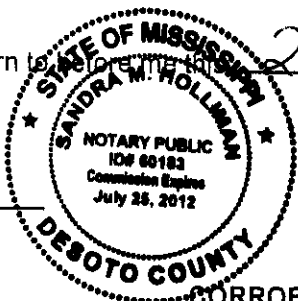
NAME OF BROTHER/SISTER	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1. See attached Exhibit "A"				
2.				
3.				
4.				

Janice Craigen
Signature of Affiant Janice C. Craigen

Subscribed and sworn to before me this 28th day of August, 19 2011.

My commission expires:

July 25, 2012



Sandra M. Holliman
Notary Public

CORROBORATION AFFIDAVIT

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF DeSoto

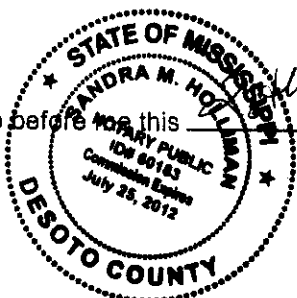
Donice Williams, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by Janice C. Craigen is true, to the personal knowledge of this affiant.

Donice Williams
Signature of Corroborating Affiant

Subscribed and sworn to before me this 28th day of August, 19 2011.

My commission expires:

July 25, 2012



Sandra M. Holliman
Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

EXHIBIT "A"

QUESTION 13. If the decedent left no children, then give the names and addresses (together with other information called for), of her surviving father, mother, brothers and sisters:
Answers:

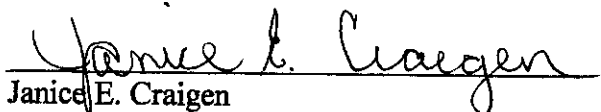
NOTE: (PARENTS DECEASED) See Estates probated in DeSoto County Chancery Court at Cause No. 06-10-1899 & 06-10-1935.

<u>Name:</u>	<u>Relationship</u>	<u>Age</u>	<u>Address or if not Living Date of Death</u>
1. Leona Edwards	Sister	69	4565 Tammy Lane, Memphis, TN 38116
2. Charles Rayborn	Brother	67	1170 Horn Lake Rd., Nesbit, MS 38651
3. Bernice Bullard	Sister	64	3900 Dean Rd., Nesbit, MS 38651
4. Robert Rayborn, Sr.	Brother	61	3760 Dean Rd., Nesbit, MS 38651
5. Inell Massey	Sister	59	849 Malone Rd., Hernando, MS 38632
6. John Rayborn	Brother		Deceased 11/4/1967*
7. Thurman Rayborn, Jr.	Brother		Deceased 10/28/2003*

QUESTION 14. If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with any information called for:

<u>Name of Brothers:</u>	<u>Date of Birth</u>	<u>Date of Death</u>	<u>Surviving Children</u>	<u>If not living, date of death:</u>
*John Rayborn (Unmarried)	5/12/1945	11/4/1967	None	N/A
*Thurman Rayborn Jr. (See Cause No. 07-01-0169)	12/26/1939	10/28/2003	Thurman W. Rayborn III Carolyn Rayborn Casey Rayborn Bonnie Jean Rayborn Acerson Sylvia Rayborn Jackie Rayborn Holland Sabrina Mosley Rayborn	N/A N/A N/A N/A N/A N/A N/A

Signed for Identification:


Janice E. Craigen



HEIRSHIP AFFIDAVIT

(Heirship of Lucille C. Rayborn Deceased)

STATE OF MS

COUNTY OF DeSoto

Donice Williams, of lawful age,
being first duly sworn, upon ^{her} oath deposes and says:

That ^{she} ~~he~~ was personally well acquainted with the above decedent, during ^{her} ~~his~~ lifetime, having known ^{her} ~~him~~ for 40 years, and that affiant bears the following relationship to the said decedent, to-wit: Friend

Affiant further states that the said decedent departed this life at Baptist ~~DeSoto~~, in DeSoto County, State of Mississippi, on or about January 10, 19 2009, being 70 years old at the date of ^{her} ~~his~~ death.

Affiant further states that ^{she} ~~he~~ was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Mississippi, be ^{her} ~~his~~ heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent leave a will? ANSWER: No

QUESTION 2 - If so, has the will been admitted to probate - at what place, and when? ANSWER: N/A

QUESTION 3 - Has an administrator been appointed for the estate of said deceased? ANSWER: No

QUESTION 4 - If so, give the County in which the said administration proceedings are pending, and the name and address of the administrator. ANSWER: N/A

QUESTION 5 - Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes _____ No X

If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.

QUESTION 6 - Give the name and address of the surviving widow or widower of decedent. ANSWER: None

If not living, state date of death N/A

QUESTION 7 - If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER: N/A

QUESTION 8 - On the blank lines below, give the names and places of residence of all surviving children of deceased, together with the other information called for: ANSWER: (Give names of surviving children only)

	NAME OF CHILD	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	NAME OF HUSBAND OR WIFE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	<u>None</u>				
2.					
3.					
4.					

QUESTION 9 - Give below the names of any deceased children of the decedent, together with the other information called for: ANSWER:

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING HUSBAND OR WIFE	IF NOT LIVING DATE OF DEATH
1.	<u>None</u>				
2.					
3.					
4.					

Exhibit B

QUESTION 10 - Give the names of the children of any deceased son or daughter of the decedent: ANSWER: DK W BK 672 PG 160

	NAME OF CHILD	DATE OF BIRTH	ADDRESS OR IF NOT LIVING, DATE OF DEATH	NAME OF FATHER AND MOTHER
1.	None			
2.				
3.				
4.				

QUESTION 11 - Did the decedent have any adopted children, or step-children taken into his home?
ANSWER: Yes _____ No _____. IF SO, WRITE THEIR NAMES, AGES, AND ADDRESSES IN THE
BLANK LINES BELOW:

	NAME	AGE	ADDRESS
1.	None		
2.			
3.			
4.			
5.			

QUESTION 12 - Did the decedent leave any unpaid debts; and if so, give as nearly as possible, the amount of such debts,
and whether they have since been paid.
ANSWER: No

QUESTION 13 - If the decedent left no children, then give below the names and addresses (together with other information
called for), of his surviving father, mother, brothers and sisters: ANSWER:


	NAME	RELATIONSHIP	AGE	ADDRESS OR IF NOT LIVING DATE OF DEATH
1.	See attached Exhibit "A"			
2.				
3.				
4.				
5.				

QUESTION 14 - If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers
and sisters of the decedent, together with the other information called for: ANSWER:

	NAME OF BROTHER/SISTER	DATE OF BIRTH	DATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
1.	See attached Exhibit "A"				
2.					
3.					
4.					

Donice Williams
Signature of Affiant Donice Williams

Subscribed and sworn to before me on this 28th day of August, 19 2011.

My commission expires: July 25, 2012


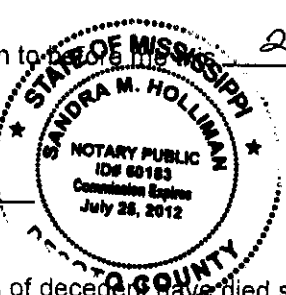
Sandra M. Holliman
Notary Public

CORROBORATION AFFIDAVIT

STATE OF Mississippi (To be signed by some person other than the one making the foregoing affidavit.)
COUNTY OF DeSoto

Janice E. Craigen, of lawful
age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit, made by
Donice Williams is true, to the personal knowledge of this affiant.
Janice E. Craigen
Signature of Corroborating Affiant

Subscribed and sworn to before me on this 28th day of August, 19 2011.

My commission expires: July 25, 2012


Sandra M. Holliman
Notary Public

NOTE: If any of heirs of decedent have died since his death, secure separate proof of heirship as to each.

EXHIBIT "A"

QUESTION 13. If the decedent left no children, then give the names and addresses (together with other information called for), of her surviving father, mother, brothers and sisters:
Answers:

NOTE: (PARENTS DECEASED) See Estates probated in DeSoto County Chancery Court at Cause No. 06-10-1899 & 06-10-1935.

<u>Name:</u>	<u>Relationship</u>	<u>Age</u>	<u>Address or if not Living Date of Death</u>
1. Leona Edwards	Sister	69	4565 Tammy Lane, Memphis, TN 38116
2. Charles Rayborn	Brother	67	1170 Horn Lake Rd., Nesbit, MS 38651
3. Bernice Bullard	Sister	64	3900 Dean Rd., Nesbit, MS 38651
4. Robert Rayborn, Sr.	Brother	61	3760 Dean Rd., Nesbit, MS 38651
5. Inell Massey	Sister	59	849 Malone Rd., Hernando, MS 38632
6. John Rayborn	Brother		Deceased 11/4/1967*
7. Thurman Rayborn, Jr.	Brother		Deceased 10/28/2003*

QUESTION 14. If the deceased left no children nor children of a deceased child, then give below the names of any deceased brothers and sisters of the decedent, together with any information called for:

<u>Name of Brothers:</u>	<u>Date of Birth</u>	<u>Date of Death</u>	<u>Surviving Children</u>	<u>If not living, date of death:</u>
*John Rayborn (Unmarried)	5/12/1945	11/4/1967	None	N/A
*Thurman Rayborn Jr. (See Cause No. 07-01-0169)	12/26/1939	10/28/2003	Thurman W. Rayborn III Carolyn Rayborn Casey Rayborn Bonnie Jean Rayborn Acerson Sylvia Rayborn Jackie Rayborn Holland Sabrina Mosley Rayborn	N/A N/A N/A N/A N/A N/A N/A

Signed for Identification:


Donice Williams

FILING
DATE **JAN 29 2009**CERTIFICATE OF DEATH
STATE OF MISSISSIPPISTATE FILE
NUMBER 123

2009-001248

1. NAME First Middle Last LUCILLE RAYBORN		2. SEX F	3a. HOUR OF DEATH 2:20P	3b. DATE OF DEATH (Month, Day, Year) JANUARY 10, 2009
4. RACE (Specify White, Black, American Indian, etc.) Black	5a. AGE AT LAST BIRTHDAY 70 Years	5b. MOS ONLY IF UNDER 1 YEAR	5c. DAYS ONLY IF UNDER 1 DAY	5d. HOURS ONLY IF UNDER 1 DAY
6. DATE OF BIRTH (Month, Day, Year) Jan 19, 1938	7. STATE OF BIRTH Mississippi			
8. PLACE OF DEATH (Check only one box) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA	9. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA			
9a. FACILITY NAME (If not a facility, give street address, suite number, or other location) BAPTIST HOSPITAL-DESOTO 17B		9b. CITY, TOWN OR LOCATION OF DEATH SOUTHAVEN		9c. COUNTY OF DEATH DESOTO
10. DECEASED'S EDUCATION (Specify only highest grade completed) High School (12)	11. MARITAL STATUS (Specify) Never Married	12. SURVIVING SPOUSE (If wife, give maiden name)		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO
14. WAS DECEASED OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)	15. SOCIAL SECURITY NUMBER [REDACTED]	16a. USUAL OCCUPATION (Kind of work done most of working life) Disabled		16b. KIND OF BUSINESS OR INDUSTRY Disabled
17a. RESIDENCE - STATE Mississippi	17b. COUNTY Desoto	17c. STREET AND NUMBER OR RURAL LOCATION 3770 Dean Road		
18. FATHER - NAME First Middle Last Thurman Rayborn, Sr.	19. MOTHER - NAME First Middle Maiden Lucille Elion			
20a. INFORMANT - NAME (Type or print) Inell Massey	20b. RELATIONSHIP TO DECEASED Sister	20c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 849 Malone Rd N. Hernando, MS 38632		
21a. DISPOSITION OF BODY (Specify Burial, Cremation, Removal, etc.) Burial	21b. CEMETERY/CREMATORY - NAME Greenview	21c. LOCATION (City and State) Nesbit, MS	21d. EMBALMER SIGNATURE AND LICENSE NUMBER [Signature] FS0834	
22a. FUNERAL HOME - NAME M. J. Edwards Whitehaven	22b. FUNERAL HOME LICENSE NUMBER 802	22c. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 5494 Elvis Presley Blvd Memphis, TN 38116		
23a. PERSON WHO PRONOUNCED DEATH - NAME AND TITLE (Type or print) JEFFERY POUNDERS, CMEI		23b. PRONOUNCED DEAD (Month, Day, Year) JANUARY 10, 2009	23c. PRONOUNCED DEAD (Hour) AT 2:20P	
24a. CERTIFIER - NAME (Type or print) JEFFERY POUNDERS, CMEI	24b. MAILING ADDRESS (Street and number, City or town, State, ZIP Code) 4942 POUNDERS RD, NESBIT, MS 38651			
25a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE >		25b. On the basis of examination and investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE >		
25c. DATE SIGNED (Month, Day, Year) JANUARY 19, 2009		25d. STATE LICENSE NUMBER DESOTO COUNTY CMEI		
25e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		25f. DATE SIGNED (Month, Day, Year) JANUARY 19, 2009		
26. PART I - Enter the chain of events - disease, injury, or complication - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, shock, or brain failure without showing the etiology. List only one cause on each line. DO NOT USE ABBREVIATIONS.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) CARDIOPULMONARY ARREST				
Sequentially list conditions, if any, leading to immediate cause, their UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST. (b) POLIOMYELITIS				
27. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not resulting in the underlying cause given in PART I. HIGH BLOOD PRESSURE				
30. IF FEMALE, SPECIFY: <input type="checkbox"/> Was not pregnant within the past year <input type="checkbox"/> Was pregnant at the time of death <input type="checkbox"/> Not pregnant, but had been pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		31. AUTOPSY (Yes or No) NO		
31a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		31b. DATE OF INJURY (Month, Day, Year)	31c. HOUR OF INJURY	31d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
31e. INJURY AT WORK (Yes or No)	31f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	31g. LOCATION (Street or route number)	City or town	State

Mississippi State Department of Health

Revised 1-4-08

Form 511

Exhibit C